SEPTEMBER 2005

Seniors Report

What We Heard & Draft Recommendations

"We want our province to be the best place in which to live, work, raise families and grow old."

Alberta

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Message from the Task Force Co-Chairs

We would like to thank the many Albertans who shared their experiences, insights and suggestions for improving continuing care health service and accommodation standards by submitting completed Discussion Guides, written briefs, letters and those who appeared before the Task Force. We respect the courage it took for so many to come forward to share their personal stories.

We would also like to recognize our Task Force co-member, Bridget Pastoor, MLA Lethbridge-East, for her contributions during the consultations. Her practical knowledge of the system was a benefit to us all. Her compassion for the people who receive services or work in the continuing care system was clearly demonstrated.

Finally, we would like to recognize the support we received from staff of Alberta Health and Wellness and Alberta Seniors and Community Supports. In particular we would like to thank Gayle Almond, Carmen Grabusic, and Erin Hnit.

This report summarizes what we heard during consultations and includes our draft recommendations. We invite input on this draft document. Input can be provided to the Task Force in different ways:

By mail Task Force on Continuing Care Health Service and Accommodation Standards
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By Email continuing.care@gov.ab.ca

The deadline for input is September 30, 2005.

We are optimistic that this report will serve as the foundation for many positive changes - both immediate and long term - to Alberta's health care and accommodation services across the continuing care system. We want our province to be the best place in which to live, work, raise families and grow old.

Sincerely,

Raymond Prins
MLA, Lacombe-Ponoka
Chair, Seniors Advisory Council for Alberta

Len Webber
MLA, Calgary Foothills
Chair, Healthy Aging and Continuing Care In Alberta Implementation Advisory Committee

Executive Summary

Although the title of the report focuses on seniors, this report also considers the needs of persons with disabilities, and adults who receive continuing care services in their own homes, supportive living and long-term care facilities.

This report summarizes the input received by the Task Force on Continuing Care Health Service and Accommodation Standards during consultations held between June 27, 2005 and August 12, 2005. Stakeholder groups and individual Albertans provided input through meetings with the Task Force, verbal and written presentations, and/or by completing discussion guides.

During the consultations, the Task Force also toured sites, witnessed many examples of quality services and were often impressed by the dedication and compassionate care being provided. The Task Force heard many positive comments from residents and families. However, individuals and organizations were also forthcoming with their concerns and identified areas for improvement, which are reflected in this report and recommendations.

The report is organized into 12 sections. Each section includes a summary of what was heard during the consultations and recommendations from the Task Force. The sections are presented in no particular order and include:

1. Staffing
2. Medications
3. Food in Supportive Living and Long-Term Care Facilities
4. Access to Services
5. Resident and Family Satisfaction and Concerns Resolution
6. Standards and Legislation
7. Monitoring, Compliance, and Enforcement of Standards
8. Funding the System, Funding Individuals
9. Health Benefit and Income Support Programs
10. Building Design and Infrastructure
11. Achieving, Promoting, and Recognizing Excellence
12. Public Awareness and Communication

Some recommendations require immediate action while others will require implementation over a longer period of time. Some of the recommendations apply only to long-term care facilities, but many will also positively impact people receiving services in their own homes and supportive living settings.

Alberta Health and Wellness, Alberta Seniors and Community Supports, other government departments, regional health authorities, supportive living and long-term care operators, service providers, residents and their families, educational institutions, unions, and other stakeholder groups will all have a role to play in ensuring that these changes are successfully implemented.

Task Force Mandate and Membership

In May 2005, the Honourable Iris Evans, Minister of Alberta Health and Wellness and the Honourable Yvonne Fritz, Minister of Alberta Seniors and Community Supports established the Task Force on Continuing Care Health Service and Accommodation Standards with the goal of restoring public confidence in continuing care health services and accommodation in Alberta.

The Task Force's two main objectives are to:

1. Receive comments from stakeholders on the draft *Continuing Care Health Service and Accommodation Standards.*
2. Receive comments from stakeholders on the quality of continuing care health services and accommodation.

Task Force members included:

- MLA Raymond Prins, Lacombe-Ponoka, Co-Chair
- MLA Len Webber, Calgary-Foothills, Co-Chair
- MLA Bridget Pastoor, Lethbridge-East, Member

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The Consultation Process

The Task Force on Continuing Care Health Service and Accommodation Standards consultations took place between June 27, 2005 and August 12, 2005.

Activities included meetings and site visits in Edmonton, Calgary, Red Deer, Lethbridge, Picture Butte, Medicine Hat, Camrose, Grande Prairie, Hythe, Hinton and Fort McMurray. Orientation site visits also occurred in Rimbey and Ponoka.

Meetings with Stakeholders

A number of meetings were held with a variety of stakeholders. Meeting participants were asked to give feedback on the draft standards documents and to outline their concerns on the quality of care and accommodation services.

The Task Force heard from:

- Clients receiving services and/or their representatives
- Family members of individuals receiving services
- Health service providers and/or their representatives
- Supportive living operators and long-term care operators
- Regional health authority staff
- Industry associations
- Special interest and/or advocacy groups
- Professional associations
- Educational institition representatives
- Union representatives
- Other interested Albertans and stakeholder groups

A list of all organizations that made presentations or provided written submissions to the Task Force is included in Appendix 1.

Public Meetings

Meetings open to the general public were held in Edmonton, Calgary and Red Deer. The Red Deer meeting included videoconference connections with Medicine Hat, Brooks, Pincher Creek, Raymond, Coronation, Barrhead, St. Paul, Viking, Grande Prairie, Peace River, Fort McMurray and High Level.

Discussion Guides

Another key source of information for the Task Force was a printed discussion guide that was available on-line and in hard copy between June 27, 2005 and August 12, 2005. The questions contained in the discussion guide focused on the draft standards. Also included were some general questions related to health services and accommodation in the continuing care system. Approximately 660 discussion guides were submitted to the Task Force. A summary of the discussion guides will be available in a separate technical report.

Other Submissions

A number of individuals also made personal contact with the Task Force members.

Introduction

The continuing care system in Alberta has evolved dramatically in recent years. Continuing care has been impacted by changes in demographics and to health and housing systems. As a result, this is an ideal time to review and update health care and accommodation services across the continuing care system including home living, supportive living and long-term care facility settings.

In Alberta, there are currently over 330,000 seniors over the age of 65 with approximately 10 per cent over the age of 85. It is anticipated that by 2026 this will increase to over 700,000 with a 47 per cent increase in the 85 and older age group. This group is more likely to need health care services and have a higher incidence and prevalence of chronic disabilities, Alzheimer's Disease and other dementias.

There are about 20,600 people living in approximately 400 supportive living facilities (lodges, enhanced lodges, designated assisted living, groups homes, adult family living, and family care homes). There are about 14,400 people living in approximately 200 long-term care facilities (auxiliary hospitals and nursing homes).

The delivery of health care services has changed with regionalization. The regional health authorities continue to evolve while meeting their roles and responsibilities.

For seniors and younger adults with disabilities, there has been a shift away from institutional- or facility-based care to community-based residential options such as supportive living. Many new models of service delivery and housing have been introduced resulting in a rapid growth of supportive living settings such as seniors lodges and assisted living facilities.

The *1995 Basic Service Standards For Continuing Care Centres* was developed when Alberta Health and Wellness had responsibility for both accommodation and health services in long-term care. Alberta Seniors and Community Supports now has the responsibility for the accommodation component of long-term care. Alberta Health and Wellness, through the regional health authorities, retains responsibility for the delivery of health care services in these facilities.

Recruitment, retention, and training of health and housing staff across the continuing care system remains a challenge.

In May 2005, the *Report of the Auditor General on Seniors Care and Programs* recommended updating the *1995 Basic Service Standards*. Alberta Health and Wellness drafted new health service standards that apply to publicly-funded services in home living, supportive living, and long-term care (nursing homes and auxiliary hospitals) settings. Alberta Seniors and Community Supports drafted new accommodation standards that would apply to supportive living and long-term care facilities.

This report summarizes input received by the Task Force on Continuing Care Health Service and Accommodation Standards during their consultations. It recommends changes to improve the confidence of Albertans with the system.

The input on the draft *Continuing Care Health Service and Accommodation Standards* will form the basis for revising the standards. A supplemental report with specific recommendations related to the standards will be completed later this fall.

What the Task Force Heard and Their Draft Recommendations

1 Staffing

What the Task Force Heard

- Staff are providing compassionate care and doing the best they can with their current resources, but there aren't enough trained people to meet the basic needs of dependent long-term care residents. There is an immediate need across the province for more trained staff.
- A shortage in staff has resulted in some residents debilitating more quickly than they would otherwise when they move into long-term care because residents are not getting the therapies, supports and treatments they need.
- It can be difficult for staff to get to know residents and provide quality care and promote their quality of life if they are employed on a part-time or casual basis.
- The recruitment and retention of qualified staff is a major issue across the province.
- There are limited full-time staffing positions and wages and benefits are not competitive with competing industries.
- There is a shortage of health care professionals with specialized training in geriatrics.
- Some staff feel they are taking on roles and responsibilities they are not trained or qualified to do.
- There are communication issues between staff who lack sufficient language skills to be able to communicate effectively with residents or their families.
- Training for staff needs to be accessible and affordable. There needs to be flexibility in how and where training is provided, particularly in rural areas.
- There is a shortage of physicians with geriatric training. It is difficult to recruit physicians to long-term care.
- Physicians and other health care professionals such as dentists and pharmacists would like to be more involved in residents' assessment and care planning teams.

Recommendations

Staffing Levels

1. Target funding immediately to long-term care to ensure that residents receive quality health and personal care services as described in their personal care plan, which includes funding to restore personal care services, nursing, rehabilitation and recreation therapy.
   a. To support the implementation of this recommendation, for the purposes of interim monitoring, Alberta Health and Wellness, with input from regional health authorities, operators and other stakeholders, should determine a staffing mix and level of service based on assessed needs, including rehabilitation and recreation therapy.
      - This minimum staffing mix and level is an intermediate step and should be reviewed when the interRAI MDS assessment and care planning tool is implemented and information on outcomes is available.
   b. To support the implementation of this recommendation, regional health authorities and long-term care operators should review and provide the Minister of Health and Wellness with an audit of staffing levels and mix.

Staff Training

2. Provide support to ensure that personal care aides who have not graduated from an approved program complete competency assessment and training. This will likely require a phased-in approach to support untrained workers in gaining the required competencies. The core competencies should include a focus on rehabilitation and maintaining and improving abilities.

3. Develop a strategy to support people who live in rural communities to access training for personal care aides. This would help address the challenges associated with the recruitment and retention of trained staff, especially personal care aides in the rural regions. The strategy needs to address affordability and accessibility issues, and could include bursaries or loans. Alberta Health and Wellness would lead the development of this strategy with other provincial government departments, regional health authorities, and other stakeholders.

4. Encourage and support specialized geriatric training for physicians, nurses and other health and housing staff. Funding should be targeted to support the development of additional education and/or training on the complex care of the elderly.

Staff Recruitment and Retention

5. Review existing provincial plans and develop new strategies for the recruitment and retention of personal care aides who provide health care services in community/home care, supportive living and long-term care facilities. This review will require the involvement of a number of provincial government departments, regional health authorities, educational institutions, operators and unions. It should also consider how staff positions are organized (casual, part-time, full-time) and the competitiveness of their wages and benefits as compared to other industries.

2 Medications

What the Task Force Heard

- Residents are being overmedicated or inappropriately sedated.
- Residents and/or their family caregivers would like to have residents' medications reviewed regularly to confirm necessity and/or appropriateness.
- Residents and their family caregivers would like to be consulted prior to new medications being administered.
- Untrained staff are expected to distribute and/or administer medications sometimes resulting in errors.

Recommendations

6. Alberta Health and Wellness, in collaboration with regional health authorities, long-term care operators, and other stakeholders should develop a process for ensuring that:
   a. Supportive living and long-term care residents are receiving appropriate medication.
   b. There are clearly defined roles and responsibilities related to providing medication reminders, assistance or administration to supportive living and long-term care residents.

3 Food in Supportive Living and Long-Term Care Facilities

What the Task Force Heard

- Food services in long-term care are considered to be a basic service, while food services in supportive living vary across sites and may include the availability of one, two or full meal service.
- Few or no complaints were heard at those facilities that had cooks with Red Seal certification or chef training.
- The ability of supportive living operators to accommodate special diets varies from site to site.
- The taste, appearance, variety and food quality in long-term care centres could be improved.
- Choices are not being provided for residents to substitute items they should not or do not want to eat.
- Meals that are prepared off-site are of poorer taste and quality as compared to meals that are prepared on-site.
- Nourishment and hydration needs are not being met because of poor taste and quality of food, and a lack of staff to assist in feeding and hydration.

Recommendations

7. All long-term care/supportive living facilities that offer full meal services should review their food preparation and serving practices to ensure that residents receive high-quality meal services and receive appropriate support in eating and hydration.

8. Alberta Seniors and Community Supports should establish the minimum training level required for at least the head cook(s) at all long-term care/supportive living facilities that provide full meal services. This expectation could be communicated through the accommodation standards.

9. All long-term care/supportive living facilities that offer full meal services, and do not prepare food on-site, should demonstrate to Alberta Seniors and Community Supports that they meet the nourishment and hydration needs and satisfaction of most residents. Alberta Seniors and Community Supports, with input from stakeholders, would establish the related reporting requirements.

Access to Services

What the Task Force Heard

- Finding and accessing the right combination of health care and housing services is difficult.
- There should be more support and services in the community so that people don't have to enter a facility prematurely, particularly young adults with disabilities.
- With few exceptions, individuals should be able to receive the services they need in their preferred place of residence.
- In rural communities especially, some people would rather stay closer to family and friends, than move to another community, even if all of the services they need aren't readily available.
- Access to transportation is an issue in some communities.
- Couples are being separated because of different service level needs.
- The same services or priority on waiting lists are not guaranteed if you move from one health region to another.
- The community/home care services for which residents in supportive living are eligible and/or receive are not the same across the province.
- In some rural communities, where there are no long-term care facilities, seniors lodges and other supportive living facilities, operators are struggling to provide health services in facilities not designed to care for the level of need. They are providing these services to ensure that individuals don't have to leave their home community, even though it places the individual and the operator at risk.
- Some of the disadvantages of the "first available bed" policy is that people are placed in settings that are not the most appropriate to their needs and preferences.
- Long-term care residents have difficulty accessing health care services that are typically located off-site, including physician services.
- Current services or programs do not meet the needs of all groups including, but not limited to: persons with Alzheimer's disease and other dementias, mental health issues, brain injuries, multiple sclerosis, HIV/AIDS, the deaf, young adults with disabilities, and cultural or religious groups, including Aboriginals.

Recommendations

10. Develop a strategy to better support Albertans in accessing health care services and/or housing. This could include reviewing or enhancing existing mechanisms, such as co-ordinated access, or creating new ones.

11. Ensure there is a sufficient supply and variety of supportive living and long-term care spaces within each region to meet varying needs and preferences.

12. Reduce the interregional differences that exist in the availability of certain community/home care services.

13. Review and modify the policies related to accessing long-term care, including:
    a. The development of alternatives to "first available bed" placement including not reassigning the priority for those who do not take the first available bed.
    b. Better supporting individuals and families who would like to make an interregional transfer when waiting for, or already living in, long-term care.

14. Encourage the development of specialized services, programming and housing for special needs groups, especially young adults with disabilities.

15. Wherever possible, ensure that supportive living operators, long-term care operators and regional health authority staff facilitate couples being together, if that is their preference. This could include targeting capital funding to support the development of purpose built facilities that accommodate couples with different service level needs, or accommodating couples in the same room in long-term care, even if only one requires long-term care. Waiting lists and building design will challenge the implementation of this recommendation.

Although there is not a specific recommendation related to transportation, the Task Force emphasizes that this is an issue in some communities. Access to transportation is being reviewed from a number of different perspectives. The Task Force encourages continued and coordinated work in this area given the increasing number of seniors and persons with disabilities wishing to live in the community.

5 Resident and Family Satisfaction and Concerns Resolution

What the Task Force Heard

Resident and Family Satisfaction

- Many residents and families expressed general satisfaction and recognized the challenges of providing individualized care in a congregate setting.
- The areas most often identified by families and residents in terms of what should be addressed to restore the public's confidence in the system were: shortage of trained staff, food quality, addressing concerns and accountability.
- Asking and reporting on client and family satisfaction is important to quality improvement.
- There are fewer complaints at facilities that take a hospitality or customer service approach.
- Families and residents want to be actively involved with their care and improving services. Establishing relationships, open dialogue and an atmosphere of cooperation between the residents, family, staff and volunteers is integral to quality care.
- Residents and families have high expectations of service providers and the system in general. They would like Alberta's system to be as good or better than those elsewhere in Canada or abroad.
- Residents and family members spoke of the importance of quality of life and the desire to continue to live life to its fullest after a move to long-term care.

Concerns Resolution

- Resident-family councils can be an effective way for residents, families and staff to work together.
- When a concern is brought forward about long-term care, the response is often defensive and not viewed as an opportunity to improve care or service.
- Concerns raised by residents or families are not always addressed in a satisfactory manner and there is a fear of reprisal.
- There are a number of concerns-resolution models that already exist that should be studied and could serve as the basis for improving this process in Alberta. They include, but are not limited to: resident-family councils, seniors advocates and a Provincial Ombudsman.
- Suggested principles for an Alberta concerns resolution model include:
  - that concerns are viewed as an opportunity to improve services.
  - that concerns or complaints should be dealt with as close to the source as possible.
  - that communication will be improved when residents, families and providers clearly understand the expectations, roles and responsibilities of the parties.
  - that the care planning process provides an opportunity for communication.
  - that residents, families, staff and management are all supported in raising and addressing concerns. There should be no intimidation or fear of reprisal.
  - that staff and management have access to education on communication skills and conflict resolution.
  - that residents and families may need to have access to a trained mediator. This may be the role for a seniors advocate.
  - that a clear definition of a case manager's role and responsibilities is available so that residents, families and other health care providers are able to easily identify who is responsible for coordinating care, and to address issues as they arise.
  - that resident-family councils are supported as a means of effective communication and an opportunity for all residents to participate and receive support from other residents and families.
  - that when issues are unresolved, there is a clearly defined process for residents, families and providers to bring issues forward for a decision. The process needs to be understandable, fair to all parties and must have an appeal process to a final decision-maker.

Recommendations

Resident and Family Satisfaction

16. Provide increased opportunities for family caregivers to participate in the meaningful care of their family members who are supportive living or long-term care residents. This might include family members more fully participating in care planning, medication reviews and having access to relevant health information.

17. Ensure there is adequate funding in place to support flexible and appropriate respite programming to assist family caregivers who are looking after a family member in their own home.

18. Promote a hospitality or customer service approach by providing supportive living operators and long-term care operators with information, training and incentives that will support further incorporating the principles of hospitality in their operations.

19. Expand the annual survey of Albertans assessing their satisfaction with health care services to include health care services provided in supportive living settings. The survey is currently conducted by the Health Quality Council of Alberta.

Concerns Resolution

20. Alberta Health and Wellness and Alberta Seniors and Community Supports should establish and communicate a clear concerns resolution process that provides residents, families and staff across the continuing care system with clear directions on how to raise their concerns and have them addressed as close to the source as possible. The suggested principles for an Alberta concerns resolution model that were provided during consultations should be considered.

21. Review the roles, responsibilities and effectiveness of the Health Facilities Review Committee, Protection of Persons in Care, and the Provincial Ombudsman in receiving and resolving concerns or complaints from within the continuing care system.

6 Standards and Legislation

One of the two objectives of the Task Force was to receive input on the draft *Continuing Care Health Service and Accommodation Standards*. Many stakeholder groups and individuals provided specific suggestions on what should or should not be contained in these standards, and specific wording. These many submissions continue to be reviewed by Alberta Health and Wellness and Alberta Seniors and Community Supports staff. A supplemental report will be developed in the near future that will include a summary of the input provided during the consultation process, specific to the standards document. The focus will be on the standards as a whole, related legislation and the processes for monitoring and ensuring compliance with the standards.

What the Task Force Heard

- The draft standards are a good place to start.
- The standards need to allow enough flexibility for operators to address the different and unique needs of all of their residents. There needs to be room for innovation and creativity in the provision of care.
- The draft standards are lengthy, complex, unclear and/or too philosophically written, and should be further refined with an additional round of input from stakeholders.
- It is too much to refer to home care, supportive living and long-term care in one document. Some standards are more related to one area than another. How the standards apply to each setting should be clearly stated.
- These are minimum or basic standards only, and health service and housing providers should be encouraged and supported to go beyond the standards.
- Each of the standards should be measurable, provide for consistent reporting and define a minimal acceptable quality of care and quality of life.
- The standards will only be effective if compliance is monitored and enforced.
- The standards need to be reviewed and updated routinely.
- Legislation and policies around standards need to be reviewed and updated.

Recommendations

22. Adopt, in principle, the draft *Continuing Care Health Service and Accommodation Standards*, after initial and next stage stakeholder input has been incorporated, and a phased-in implementation plan developed.

23. Bring forward the revised *Continuing Care Health Service and Accommodation Standards* with the phased-in implementation plan to the Ministers of Health and Wellness and Seniors and Community Supports by December 1, 2005 for consideration.

24. Implement the new *Continuing Care Health Service and Accommodation Standards* between April 2006 and April 2007.

25. Undertake a review of and update all continuing care health service and accommodation related legislation and policies.

7 Monitoring, Compliance, and Enforcement of Standards

What the Task Force Heard

Monitoring, Compliance and Enforcement of Basic Standards

- Service providers, housing operators, supportive living operators and long-term care operators were supportive of the co-ordinated approach to health and housing.
- The public would like unannounced site visits by the organization that visits facilities to monitor their compliance with standards.
- The monitoring process should be streamlined and coordinated to minimize the number of different reviewers coming into the site to review the same thing.
- The public is not confident that providers are being held accountable, and are especially concerned with private providers. As a result, the public would like detailed operational standards that are easily measurable, (e.g. specific staffing levels and mix of staff).
- Operators would like more opportunities to improve on the quality of services and accommodation they provide.
- Regardless of whether facilities receive public funds or not, all operators are expected to meet the same set of basic accommodation standards.

Accreditation

- Many long-term care and some supportive living facilities are accredited.
- A rating system for supportive living and long-term care facilities was discussed. The rating system could be similar to a five-star rating system for hotels. Ratings could be based on things like the quality and choice of food, environment and ambience, satisfaction with concerns resolution, resident-family surveys, staffing levels and access to health and recreation services.

Recommendations

Monitoring, Compliance and Enforcement of Basic Standards

26. Alberta Health and Wellness and Alberta Seniors and Community Supports should collaboratively assess options for monitoring compliance with the health service and accommodation standards.

27. Training, education and other forms of support should be provided to service providers and/or housing or long-term care operators that do not fully meet the standards. As a last resort, Alberta Health and Wellness and Alberta Seniors and Community Supports need to develop and communicate punitive measures for failure to comply with the standards.

28. License all nursing homes and auxiliary hospitals. The conditions for licensing should be reviewed annually for compliance with health service and accommodation standards, as well as contractual obligations.

29. License all supportive living facilities.
    a. For those facilities where health service funding is through the regional health authority or other public funding, the conditions for licensing should be reviewed annually for compliance with health service and accommodation standards.
    b. For those facilities that do not receive health service funding through the regional health authority or other public funding, the conditions for licensing should be reviewed annually only for compliance with accommodation standards.

For recommendations 28 and 29, in rare circumstances, licenses may be revoked, and residents may be required to move out of a facility.

Accreditation

30. Enable supportive living and long-term care facilities that provide publicly funded health care services to access and complete an accreditation process.

31. Alberta Seniors and Community Supports and Alberta Health and Wellness should pursue a process to rate supportive living and long-term care facilities and make these ratings publicly available. This should be done in conjunction with stakeholders including, but not limited to: the Alberta Senior Citizens Housing Association, the Alberta Long Term Care Association, and the Health Quality Council of Alberta. Higher rated facilities should be recognized and/or rewarded.

8 Funding the System, Funding Individuals

What the Task Force Heard

- Affordability and appropriateness is a consideration when developing new models of service delivery and housing.
- The current funding model for long-term care is based on disabilities and does not encourage facilities to invest in services that maintain or improve functional abilities.
- Funding should follow the individual receiving services.
- Funding should be determined by the needs of the residents.
- The province should have a clear understanding and accounting of how funds are currently being spent before allocating more funds.
- Facilities should be more directly accountable for how they spend their funding.
- The accommodation charge for residents in long-term care is too much for some individuals to afford, even with government income support programs.
- There are differences across regions in terms of the funding of personal care services in lodges and other supportive living settings.
- Some individuals with high care needs could remain at home rather than moving into an institution if higher levels of home/community care services were available and provided.
- Regional health authorities (RHAs) currently place individuals requiring facility-based health care in facilities owned/operated by the RHA or in facilities contracted by the RHA. Funding is provided globally to the RHA and then to the operator directly. Individuals have limited choice.

Recommendations

Funding to Service Providers, Housing and Long-Term Care Operators

32. Explore the establishment of a funding model that supports incentive funding for facilities that maintain or improve resident functioning, with a focus on rehabilitation, occupational and recreation therapies.

33. Regional health authorities should adopt province-wide policies to fund personal care services in supportive living based on assessed unmet needs.

Funding to Individuals

34. Explore the establishment of a funding model that directly supports individuals requiring continuing care health services. The model should:
    a. Remove the home care maximum for self- or guardian-managed care,
    b. Review regional health authority policy funding limits for home care services for individuals, and
    c. Provide the option for individuals requiring continuing care facility services, to contract directly with the provider.

9 Health Benefit and Income Support Programs

What the Task Force Heard

- Individuals with the same service needs receive different services and benefits depending on the region in which they live and their type of residence (e.g. own home, supportive living, long-term care).
- Low-income individuals who are assessed and placed into supportive living are eligible for less financial assistance through the Alberta Seniors Benefit (ASB) and Assured Income for the Severely Handicapped (AISH) programs than residents who live in long-term care, even though their housing costs may be the same or more.
- In nursing homes and auxiliary hospitals, pharmaceuticals, medical-surgical supplies and most equipment is provided at no charge to the resident. In other settings, these are cost-shared. Individuals who move from nursing homes/auxiliary hospitals to supportive living often experience an increase in their personal costs. This is a disincentive to moving, even if there is a more appropriate place for them to receive services.
- Individuals who live in their own homes or in supportive living are responsible to pay for their prescription medications (although seniors receive assistance through Blue Cross and AISH recipients receive assistance through the AISH program), while long-term care residents have these costs paid for by the regional health authority.
- Eligibility for the Alberta Aids to Daily Living program (AADL) is partially based on place of residence.
- There are benefit differences for persons who have brain injuries, depending on their age.

Recommendations

35. Alberta Health and Wellness and Alberta Seniors and Community Supports should address the gaps related to pharmaceuticals, medical-surgical supplies and equipment that are based on where an individual receives the service.

36. Alberta Seniors and Community Supports should increase the Alberta Seniors Benefit and Assured Income for the Severely Handicapped benefit amounts to address the current gap between the benefit amounts for individuals who have been assessed and placed into supportive living as compared to nursing homes and auxiliary hospitals.

10 Building Design and Infrastructure

What the Task Force Heard

- Facilities that have supportive living and long-term care and other services in the same building make it easier for people to get what they need and support couples with different needs.
- There are supportive living and long-term care facilities that are designed with today's residents in mind, but there are also many buildings in need of upgrading.
- Residents and their families want the choice of whether they live in a private or shared room.
- It is not acceptable for more than two residents to have to share a bathroom.
- Building codes for buildings or campus style models with multiples levels of health and housing services need to be reviewed.
- Basic design standards should be in place for supportive living and long-term care facilities.
- There are limited funds available for organizations that would like to develop affordable supportive living facilities.

Recommendations

37. Provide public funds for new long-term care developments only if the business case includes evidence that the planned mix of private and shared rooms is based on local need and preference.

38. Alberta Seniors and Community Supports and Alberta Infrastructure and Transportation should work with stakeholders to develop and implement basic design standards for new publicly-funded supportive living and long-term care facilities.

39. Review and update the building code in recognition of new models of health service and accommodation.

40. Alberta Seniors and Community Supports and Alberta Health and Wellness should assess the need to continue to provide capital dollars in support of further affordable supportive living developments.

11 Achieving, Promoting, and Recognizing Excellence

During the Task Force consultation process, it was often reported that the staff working in the system are caring, compassionate, dedicated and hard working. There were also supportive living and long-term care facilities that were recognized for the quality care and accommodation services they provide to their residents. The Task Force strongly feels that it is important to recognize and reward the excellence that is already in the system and to support quality improvements in the future for all facilities. This requires that information on best practices is easily accessible and ongoing research into new approaches is supported.

What the Task Force Heard

- To achieve quality of care and quality of life for residents, the delivery of care and accommodation services needs to be client focused and incorporate both a medical and social model of care.
- Ensuring the quality of care and quality of life for all recipients of continuing care health services or accommodation is a shared responsibility between the individual, families, communities, health care workers and housing providers.
- There are facilities and/or programs that are exemplary and need to be recognized, rewarded and replicated.
- Interested individuals and organizations should have one place they can turn to when they would like to know about new and best practices, and continuous quality improvement in the continuing care system. This centre should support the exploration of new practices and disseminate information on innovation and best practices.
- There needs to be a clear process in place to support health and housing providers to exceed the standards and achieve excellence.
- Ratings of all supportive living and long-term care facilities, especially those receiving public funds, should be made available to the public. This could be available on-line or in print copy.

Recommendations

41. Government, academic institutions, professionals and other stakeholders should support research and the systematic review of outcomes across the continuing care system. To this end, the Task Force supports the continued province-wide implementation of the interRAI suite of assessment and care planning tools, including resource allocation and the monitoring of outcomes.

42. Alberta Health and Wellness and Alberta Seniors and Community Supports should work with stakeholders to establish a Centre of Excellence on the provision of health services and accommodation to seniors and persons with disabilities. This centre would focus on research and practice and provide a forum for ethical considerations. The centre would provide a basis for recognizing and rewarding excellence in care and the transfer of knowledge.

12 Public Awareness and Communication

What the Task Force Heard

- Roles and responsibilities of government, regional health authorities, operators, residents and families in supportive living and long-term care are unclear and confusing.
- There are no clear and agreed to definitions of "supportive housing," "supportive living," and "assisted living," and what services are included in each.
- There is no clear understanding of what the accommodation charge in long-term care is intended to pay for and what the health care system pays for.

Recommendations

43. Adopt, in principle, the *Seniors' Supportive Living Framework*, as a provincial framework, after initial and final stakeholder input has been incorporated, and an implementation plan is developed.

44. Adopt, in principle, the *Long-Term Care Facilities Information Package*, after initial and final stakeholder input has been incorporated, and a distribution plan is developed.

45. Develop a strategy for providing the general public with information on their rights and responsibilities related to health care services and accommodation in the continuing care system, where they can access related information and the process for raising concerns and complaints. Alberta Health and Wellness and Alberta Seniors and Community Supports should develop this strategy with input from stakeholder groups.

Conclusion

In conclusion, the Task Force would like to acknowledge the many special caregivers, families and volunteers dedicated to supporting our seniors, young adults with disabilities, and others in need of support. We would also like to express our appreciation to the many individuals and organizations that contributed input during the consultations.

Alberta has a wealth of knowledge and expertise. A Centre of Excellence could provide a legacy to share knowledge and research with Albertans and all Canadians.

We hope that the changes envisioned in this report will result in a compassionate, client-centred, efficient system of care and accommodation services that will meet the needs of all Albertans in the years to come.

This report summarizes what we heard during consultations and includes our draft recommendations. We invite input on this draft document (See page *ii*).

Appendix 1

Organizations that made submissions to the Task Force are as follows. This list does not include those organizations or individuals that submitted discussion guides or individuals who wrote personal letters.

Written Submissions

Special Interest or Advocacy Groups

A Circle of Alberta Seniors' Advocacy Group Chairpersons
AIDS Calgary Awareness Association
Alberta Association for the Deaf
Alberta Catholic Health Corporation
Alberta Committee of Citizens with Disabilities
Alberta Council of Aging
Alberta Mental Health Patient Advocate Office
Alzheimer Society of Alberta and Northwest Territories
Alzheimer Society of Calgary
Canada's Association for the Fifty Plus (CARP)
Central Alberta Council on Aging
Client, Family, Community Advisory Council of the Good Samaritan Society
Coalition of Seniors Advocates (COSA)
Elder Advocates of Alberta
Families Allied to Influence Responsible Eldercare (FAIRE)
Families and Friends Protecting Patients
Friends of Medicare
Kerby Centre
Life Support Society of Drayton Valley and District
Multiple Sclerosis Society of Canada
Public Interest Alberta
Quality of Life Commission
Seniors Community Health Council
Seniors United Now
We Care Home Health Services

Government and Affiliates

Alberta Aids to Daily Living
Community Support Systems Division, Seniors and Community Supports
Health Quality Council of Alberta
Office of the Ombudsman

Housing Operators, Supportive Living Operators, Long Term Care Operators, Service Providers or Industry Associations

AETAS Health Care Inc.
Alberta Long Term Care Association
Alberta Senior Citizens Housing Association
Bethany Care Society
Canterbury Foundation
Castor and District Housing Authority
Chinese Christian wing Kei Nursing Home Association

Christian Health Association of Alberta
Correct Care
Cypress View Foundation
Evergreens Foundation
Flagstaff Regional Housing Group
Leduc Foundation
Seniors' Homes And Community Housing
St. Mary's Health Care Centre
Sturgeon Foundation, Seniors Supportive Housing
The Good Samaritan Society
The Youville Home, St. Albert

Professional, Educational and Union Related Organizations
Alberta Association of Registered Nurses, Alberta Gerontological Nurses' Association, College of Licensed Practical Nurses of Alberta, Registered Psychiatric Nurses Association (as listed on a joint submission)
Alberta Association of Registered Occupational Therapists
Alberta Association on Gerontology
Alberta College of Family Physicians
Alberta College of Pharmacists
Alberta Dental Association and College, Geriatric Dentistry Committee
Alberta Dental Hygienists Association
Alberta Medical Association
Canadian Dental Association
Canadian Federation of University Women Alberta Council
Health Sciences Association of Alberta
Nightingale Academy
Norquest College
Pharmacists Association of Alberta
Society of Alberta Occupational Therapists
United Nurses of Alberta

Regional Health Authorities
Aspen Regional Health Authority
Capital Health
Chinook Regional Health Authority
David Thompson Health Region
Peace Country Health

Verbal Presentations

Special Interest or Advocacy Groups
AIDS Calgary
Alberta Alliance on Mental Illness and Mental Health
Alberta Association of the Deaf
Alberta Committee of Citizens with Disabilities
Alberta Council on Aging
Alberta Public Housing Administrators Association (APHAA)
Alberta Public Interest Alliance
Alzheimer Society of Alberta and North West Territories
Alzheimer Society of Alberta and North West Territories Calgary Chapter

Canadian Association for the Fifty-Plus (CARP)
Central Alberta Council on Aging
Coalition of Seniors Advocates
East Central Health Community Health Council
Elder Advocates of Alberta
Families Allied to Influence Responsible Elder Care (FAIRE)
Family and Community Advisory Council
Family and Friends Protecting Patients
Good Samaritan Society Family Council
Islamic Family Social Services Association
Kerby Centre
Living Positive – Edmonton Persons Living with HIV Society
Mental Health Patient Advocate
Multiple Sclerosis Society of Canada - Calgary Chapter
Northern Alberta Brain Injury Society
Seniors Advisory Council for Alberta
Seniors Community Health Council
Seniors I Care (Lynda Jonson)
Seniors United Now

Professional, Educational and Union Related Organizations

Alberta Association of Naturopathic Practitioners
Alberta Association of Registered Nurses
Alberta Association of Registered Occupational Therapists
Alberta Association of Rehabilitation Centres
Alberta Association on Gerontology
Alberta Centre on Aging
Alberta College of Family Physicians
Alberta Dental Association and College
Alberta Dental Hygienists Association
Alberta Gerontological Nurses Association
Alberta Medical Association
Alberta Physiotherapy Association
Alberta Union of Provincial Employees
Canadian Union of Public Employees
College of Licensed Practical Nurses of Alberta
College of Physicians and Surgeons of Alberta
Dieticians of Canada
Edmonton Police Service's Elder Abuse Prevention Team
Health Sciences Association of Alberta
Home Care Association
Norquest College
Nutrition and Food Services Network of Alberta
Pharmacists Association of Alberta
Registered Psychiatric Nurses Association of Alberta
United Nurses of Alberta
University of Alberta Health Sciences Council

Government and Affiliates

Alberta Aids to Daily Living
Health Facilities Review Committee
Health Quality Council of Alberta
Protection for Persons in Care

The following organizations were represented at group meetings with the Task Force.

Housing Operators, Supportive Living Operators, Long Term Care Operators, Service Providers, or Industry Associations

Acadia Foundation
Alberta Life Care Housing Foundation
Alberta Long Term Care Association
Alberta Senior Citizens Housing Association
Barrhead and District Social Housing Authority
Beaver Foundation
Bethany Care Society
Bow Island Health Foundation
Brenda Strafford Foundation
Brooks Nursing Home
Canterbury Foundation
Capital Care Group
Carewest
Caritas Health Group
Chantelle Management
Chartwell Seniors Housing
Chinook Foundation
Connecting Care
Continuum Healthcare
Cypress View Foundation
Edith Cavell Care Centre
Evergreens Foundation
Excel Society
Extendicare Canada
Father Lacombe Care Centre
Flagstaff Regional Housing Group
Foothills Foundation
Forty Mile Foundation
Grande Prairie Care Centre
Grande Spirit Foundation
Greater Edmonton Foundation
Greater North Foundation
Green Acres Foundation
Hardisty Nursing Home
Harmony Care Home
Heart River Housing
Intercare
Killam Health Care Centre
Lacombe Foundation
Lamont Health Centre
Mackenzie Housing and Management Board
Manor Village Life Centre
McKenzie Place
Metropolitan Calgary Foundation
Mosquito Creek Foundation
Mountain View Seniors Housing
Newell Foundation
North Peace Housing
Northcott Care Centre
Pincher Creek Foundation
Piper Creek Foundation
Rimoka Housing Foundation
Riverview Care Centre
Seniors Management Services
Sherwood Park Country College
South Country Village

St. Mary's Health Care Centre
St. Michael's Continuing Care Centre
The Bethany Group
The Good Samaritan Society
Triple A Living Community
Vermillion and District Housing Foundation
Wood Buffalo Housing and Development Corporation

Representatives from Cities or Towns
City of Medicine Hat
Town of Okotoks

Regional Health Authorities
Aspen Regional Health Authority
Calgary Health Region
Capital Health Authority
Chinook Health Region
David Thompson Health Region
East Central Health
Northern Lights Health Region
Palliser Health Region
Peace Country Health Region

Seniors Report
What We Heard & Draft Recommendations

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